MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS AFTER** AFTER **AS FILED** AFTER **AS FILED** AFTER I"AMENDMENT 2 MAMENDMENT I"AMENDMENT 2 MAMENDMENT. IND. DEP. IND. DEP. IND. DEP. IND. IND. DEP. DEP. IND. DEP. <u>35</u> 89. TOTAL IND TOTAL IND TOTAL DE TOTAL DEP TOTAL CLAIMS

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